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THE CHIRONIAN takes pleasure in seeing many of its articles copied by able contemporaries; but they should at least show us the courtesy of acknowledging the source of the articles they deem worthy of copying.

Lately two or three articles have been transferred bodily into the pages of a few journals, and by giving us no credit, leaving their subscribers to infer that the articles were written solely for those journals. Happily, there are but few such pirates.

Copy what you wish, gentlemen, no doubt the temptation is great, but give us credit.

EXAMINATIONS are over, and now for the first time in many weeks we can draw a long, free breath.

The Phos. ac. bottle is empty, the Gels. has been consumed in large quantities, and now that the ordeal is passed we would throw up our hat and yell; but we are too weak for the effort. What with this enervating spring weather and the examination in Practice, all the hilarity has been taken out of us, and we could not even cry "*Martino*" under severe provocation. Some of the alumni will appreciate our dilapidated condition from this astounding fact.

IN those subjects in which two or more professors conduct the final examination, both written and oral, there should be an effort to make the oral uniform, that is, one should ask no easier questions than another. As it is now, if two men of equal ability were striving for a prize, it would be only a question of what professors they came before in the oral to settle the competition.

This causes a good deal of dissatisfaction. It is not right; let the oral be uniform.

WHAT is the use of these terrific final examinations? Are there no other means of finding the validity of a student's claim to the degree of Doctor of Medicine?

We were more interested in the solution of these questions a week ago.

Understand, we do not mean that the standard should be lowered; on the contrary, it should be raised.

We know of no college, allopathic or homœopathic, that gives a more rigid examination or requires a higher standard than ours.

Now that we have passed the final, it is a source of great satisfaction to show our examination papers that others may know our degree was not easily won; yet this fact affords but questionable comfort to those who are coming after.

IT has long been observed that the students are always better prepared and dread an examination less in those subjects in which the most constant and exacting system of

"quizzing" has been carried on during the term. In this fact lies the solution of the question—"quiz" more and make the final lighter. We realize this is a big subject and there are a good many knotty problems in it to be solved, but we are convinced that it can be carried out with great benefit to the student and satisfaction to the Faculty. The "quiz" should be *every day*, and should contain questions from *all* the work gone over, and not simply from the last preceding lecture. The student, feeling that every quiz *counted*, would be more attentive and would quickly form the habit of systematic preparation in each subject, and the close of the term would not find him with such a vast amount of material to work up for the final.

The result would be no less satisfactory to each member of the Faculty.

The New College and Hospital.

THE necessity for a new college building, with a free hospital attached, has long been apparent to our Faculty and alumni, and efforts have from time to time been made to secure the necessary means for the attainment of this end, but until quite recently these efforts have not been attended with any very marked degree of success. Within the last few weeks, however, the movement has taken on new vigor, which promises, in the very near future, the realization in the fullest measure of our fondest hopes.

A number of prominent gentlemen of this city have come forward and offered liberal contributions, two of them having expressed a willingness to donate the sum of twenty-five thousand dollars each, thus starting the fund upon a very substantial basis; and this has been added to by members of the Faculty and others, until it has swelled to about seventy thousand dollars.

On the 31st ult. a very enthusiastic meeting was held at the residence of Prof. W. T. Helmuth, for the purpose of more perfect organization, and for the arrangement of plans for the future. Prof. F. F. Allen was elected chairman, and Professor Helmuth, secretary. A committee was formed for soliciting subscriptions, and another, consisting of prominent ladies of this city, who will arrange for a large fair to be given during next winter, the proceeds of which will be devoted to the cause. Entertainments are also to be given under the auspices of the ladies' committee. A prominent lecturer has also promised to deliver a course of lectures in the near future in aid of the scheme.

Five thousand dollars have been given for the endowment of a free bed, and another thousand have been given toward the support of the institution. Speeches were made at the meeting and definite plans were mapped out for future work. Upon the whole the outlook is much more favorable now than at any time heretofore, and is to the fullest extent encouraging, as success is now assured, we may say, beyond doubt. Communications from distant members of the Alumni Association are constantly coming in in which a most hearty sympathy and co-operation with the work is expressed; in addition to these substantial aid and support are offered in advancing the work of the various committees, by prominent and worthy residents of this city.

It is proposed that the college and hospital shall adjoin, and that a large and well-appointed operating amphitheatre should be constructed in the upper portion of the hospital, where students may have an opportunity to witness the various operations during the college course.

Bids have already been made for locations, but as yet nothing has been fully decided as to where the buildings will be placed. It is thought by some that a central location would be preferable whilst others favor one in the northern part of the city. The latter seems most practicable at present as being less costly and offering more space. With a continuance of support from those who uphold the standard of homœopathy —and among these we refer especially to the alumni—there need now be no such word as *failure*, and we trust the present enthusiasm may continue, as we believe it will, until we have secured one of the largest and best equipped college and hospital buildings in the country—a creditable monument to the doctrine of Hahnemann, and where that doctrine may be taught

in a manner which will do credit to the highest and noblest art of the age—the true "Art of Healing."

Operations at Helmuth House.

BY PROFESSOR HELMUTH.

IT is expected that ovarian cysts which have existed for a long time and have been repeatedly tapped, will have numerous adhesions. The following case may be one of the exceptions to the rule or it may show what care and skill can do, even in difficult cases.

Mrs. ——, 35.—The patient first discovered the tumor fifteen (15) years ago, when it appeared like a rubber ball in her abdomen. Was married soon after and the tumor grew rapidly. At this time the patient became pregnant and the weight of both tumors caused much pain. The cyst was tapped and fourteen (14) pints of fluid withdrawn. The child went to full term with a safe delivery. The cyst did not refill for three (3) years, when it was again tapped with a like result, as also a third and fourth time. At the fifth tapping in the previous April more fluid was withdrawn than ever before and the cyst began to fill up rapidly. The patient was then (January) as large as ever and feeling the drain on her system. An operation was now decided upon.

An incision was made in the median line and after stopping all bleeding, the peritoneal cavity was opened. The white lustrous sac of the tumor now came into view. A No. 14 sound passed in between the tumor and the abdominal walls, met with no opposition in any direction, thus showing an entire absence of adhesions. The cyst was now held as closely as possible to the abdominal incision and emptied of some fifteen (15) pints of fluid by means of a Wells trocar. The hole made by the trocar was enlarged and some dozen or more daughter cysts scooped out. The sac of the mother cyst was then easily pulled through the incision and the pedicle ligated with Tait's Knot, severed, cauterized and dropped into the cavity. The abdominal cavity was found by the sponges to be clean and dry and the incision was quickly sewn up with interrupted silver sutures. The pedicle was long and thin, consisting of the corresponding broad ligament, ovaduct and vessels. The walls of the cyst were thick and tough.

Patient made an uninterrupted recovery and was dismissed in less than four weeks. Highest temp., 100⅘°. Pulse, 89.

The diagnosis of scrotal tumors is oftentimes difficult yet important. One would not care to pass a trocar into a hernia or inject it with iodine, supposing it a hydrocele; neither would one mass. Diffuse hydrocele of the cord has more or less of a cough impulse, but when reduced goes back slowly. Varicocele is pyramidal in shape, knotted in feeling, and after reduction refills when an erect posture is assumed, even if the finger be placed over the ring.

Irreducible tumors may be solid or otherwise, and are principally irreducible hernia, hydrocele, hematocele and sarcocele (using the word in the general sense of a tumor of the testicle). Hematocele are of rapid formation, opaque, globular, and not very hard or heavy. Hydrocele are generally translucent, slow of formation, begin from the bottom of the scrotum, and give no cough impulse. With all these tumors, as well as with sarcocele, the cord will always be found above the tumor.

Solid tumors may be simple enlargements, syphilitic, tubercular, cystic, sarcomatous, cancerous, and cartilaginous. Syphilitic swellings have the peculiar characteristic of almost all syphilitic lesions, freedom from pain; and we have also the constitutional trouble to guide us, as we do in tubercular degeneration. In tubercular troubles the enlargement almost always comes first in the epididymis, in syphilitic troubles in the body, and in chronic enlargements throughout the body of the testicle. Cancer of the testicle is almost always encephaloid; a malignant tumor of the testicle attains a large size in a short time, becomes softened, adheres to the scrotum, ulcerates, and attains a fungus growth. Cystic disease of the testicle is the more frequent of the solid tumors, and may be of a malignant or of an innocent nature. When malignant it much resembles the adeno-sarcoma

of the breast. In the same tumor are mixed up cysts, fibrous tissue, cartilage with spindle, and round-celled sarcomatous tissue. It is somewhat difficult to diagnose from hydrocele. It is opaque, more globular in shape, very heavy. The veins of the cord will be found enlarged.

CASE II.—Mr. ——. When a boy, while playing ball, was struck in the testicle but soon recovered from injury. Think the injury was particularly on the left side. When a young man with gonorrhœa his testicles were several times swollen and the left one always worse. Last June the left one began to pain and swell and has increased ever since. At present his left testicle has disappeared and a hard globular, opaque tumor has taken its place. The tumor is now the size of an ostrich's egg. It is very heavy, the enlarged cord can be felt above the tumor.

Longitudinal incision was made down the scrotum from the junction with penis to the lower end of the tumor. Tumor was dissected out from its adhesions to the scrotal wall and lifted from its bed. A silk ligature with a Tait's Knot was thrown around the cord and the tumor removed. The stump was cauterized with the Pacquelin and allowed to recede partially up the inguinal canal. The ends of the silk were left hanging out at the upper part of the wound, a drainage tube inserted and the incision sewn with interrupted silver sutures. Some little discharge came from the tube which was taken away on fifth day and the discharge from the pedicle allowed to come out around the silk ends. Sutures removed the ninth day and patient discharged in two weeks.

S. H. KNIGHT, '86,
House Surgeon.

The Importance of Diagnosing Glaucoma Early.

Read before the Society for Medico-Scientific Investigation by C. C. Boyle, '77.

THE importance of making an early diagnosis of glaucoma cannot be too earnestly impressed on the mind of the physician. It is perhaps the one disease, of all that the eye is subject to, that the patient is more apt to consult his family physician before seeing a specialist; for the reason that a neuralgic pain around the eye is very likely to be the first indication of the appearance of this trouble. From this you *are not* to understand that all persons suffering with these pains around the eye necessarily have this disease; but if the patient is past middle life it will be well to bear this symptom in mind, in connection with glaucoma. Besides this supraorbital neuralgia, this affection is accompanied by more or less redness, and increased tension of the eyeball, due to a disturbance of the physiological relation between the secretion and excretion of the fluids within it; the former being normal and the latter being interfered with, due to changes taking place at the iritic angle, generally caused by senility.

Accompanying these symptoms we have the affection of the sight; the patient complaining of not seeing as well; changing his glasses without any improvement. The pain generally becomes very severe, and the redness increases as the disease progresses; but there is an insidious form of this trouble which is accompanied by so few symptoms outside of the failure of sight that, at first, it is very apt to be overlooked or mistaken for cataract, and the mistake not discovered until too late. It is in these cases that the physician wants to be on his guard, and when a patient comes to him complaining of failure of sight, not to take it for granted that, because there are no other symptom except old age, that he is getting a cataract and, perhaps, advise him to let it alone until it grows more; thus losing valuable time and allowing the disease to become so far advanced as to preclude any hope of checking it soon enough to restore sight by the operation of iridectomy. In examining an eye of an old person, without the ophthalmoscope, it is very easy to mistake the gray-greenish reflex from the pupil for a cataract, especially in glaucoma, where the pupil is dilated and the cornea apt to be hazy.

This disease, by the increased pressure within the eyeball, if allowed to proceed, will destroy sight beyond redemption in a short time, by its mechanical action on the optic nerve, causing a

cupping, and finally atrophy. There are some cases so rapid that iridectomy cannot be performed too soon. There are others which are slower, and our homœopathic remedies will control, but even these need to be watched carefully, and, at the first unfavorable symptom, an iridectomy must be performed, if you wish to save the sight; at times even this fails to stay the progress of the disease. To illustrate, I will give a brief history of a couple of cases:

One, of an old man, seventy-three years of age, first complained of a neuralgia around his left eye, and that his glasses did not suit him.

He consulted his family physician for the pain, who, after trying to relieve him by remedies, sent him to a skillful oculist, who immediately performed iridectomy; but it was too late, the sight was entirely lost; the only benefit of the operation was the relief from pain. Another case, of a man about same age, who lived in the country, noticed that his sight was failing, unaccompanied by any, or very slight pain around the eye, and no redness. The doctor whom he consulted told him he was getting cataracts on his eyes, and for him to let them grow until they were ripe (meaning when he could n't see), and then have them removed. This advice he followed until he could only see light, and then he was sent to me.

On examining his eyes I found, instead of cataracts, that he was suffering from chronic glaucoma of both eyes. I advised, and performed iridectomy on both of them, more for the relief of the slight pain than for any hope of giving him back his sight. The operation was successful as far as to relieve the pain, but the disease had been of too long duration to hope for any restoration of sight.

In both of these cases, had the disease been recognized early, sight could probably have been saved, instead of the unfortunate results which followed. These are only two out of the many that could be given to illustrate the importance of diagnosing glaucoma early.

AT the last meeting of Alumni Association of the Hahnemann Medical College of Philadelphia, Dr. J. W. Dowling, our Professor of Physical Diagnosis, was elected President. The interests of the Alumni Association of our sister college will be well cared for while men of ability like the professor are occuping the chair.

Gonorrhœa Contracted from Catarrhal Leucorrhœa Cured by Permanganate of Zinc.

BY ORANDO S. RITCH, M.D., CLASS '78.

MR. A. E. T., at twenty-eight married, never had been sick but once in his life, when he suffered from Chills and Fever, some fifteen years ago; family history clear, no constitutional disease appearing for three generations back; habits of life temperate, occupation active, health good up to the time of his last sickness, a year ago last November. His wife was a sufferer from vaginimus after her third confinement, which was followed by acrid catarrhal leucorrhœa. So great was this disease that her health was greatly impaired. He had no sexual intercourse with his wife for a long time, owing to this condition; but one night he attempted to have intercourse with his wife, and in about a week presented himself for treatment with the following: A tickling and smarting sensation on urinating, which had increased to pain; the meatus was swollen, the glands penis increased in color and a slight yellow discharge appearing, the whole condition taking on an inflammatory action. Cannabis ind.^{3} prescribed for a few days, pains increasing, foreskin greatly œdematous, the swelling extending nearly the whole length of the penis. Chordee was a reminder of his condition. Acon.^{30} and Can. Ind.^{30} were prescribed in alternation, which seemed to relieve the patient of the severer burning pain, but the discharge was still increasing. The patient was under strict diet regimen; at the end of ten days Acon.^{30} discontinued, and Oil of Sandal-wood, in 10 gtts., given; at the end of a week a marked decrease in all the symptoms, Can. Ind.^{30} continued, and at the end of the fourth week inflammatory action greatly reduced, pain on urinating very slight,

discharge scanty, not thick or very yellow, but the patient greatly reduced in health. As injections had been avoided at the onset, they were postponed during the second stage, and an attempt to cure without them in the last. Appropriate remedies were continued, until a non-inflammatory condition appeared, showing a slightly yellow mucous discharge, when I prescribed ℞ Zinc Sulph. grs. ii, Aqua ʒ ii, used as an injection every two hours. It had but little effect. This was followed by ℞ Zinc Sulph. 3 jj, Aqu. Ext. Opii —i, Muc. Acca. ʒ i and Aqua Dist. ʒ v., which had but a temporary benefit; as soon as this injection was discontinued the discharge would appear. At this time he was drinking Deep Rock water; patient examined for stricture, and none found, and as a last resort I prescribed ℞ Permanganate of Zinc grs. iv., Aqua ʒ viii., four injections a day, always after urinating, and in one week the case was cured; the patient was allowed to return to his usual mode of living, and, after the lapse of several months, no discharge, not even colorless, no stricture; can take a full-sized sound from circumference of penis, and again a sound and healthy man. Since that time I have used the above prescription in many cases of gleet and last stage of clapp, as they have appeared at my clinic, with wonderful success. I have recommended it to several of my professional friends, and those that have used it are pleased with its results. As to the case being one of gonorrhœa there is no doubt, and there is no doubt of his taking the disease from his wife, that there is not the slightest suspicions of the wife's purity, or the husband's fidelity towards his wife. As to the cure by the Permanganate of Zinc, I recommend it for a thorough trial, as all I claim for it is what it has done.

320 Macon street. BROOKLYN.

Hegar's Sign of Early Pregnancy.

BY J. NICHOLAS MITCHELL, M.D., PHILADELPHIA.

TO the obstetrician, and gynæcologist also, it often becomes a matter of the most importance to be able to determine pregnancy in the early weeks. The impossibility of determining this fact at such an early period has been termed the opprobrium of the obstetrician, and most authorities have stated in the past that a positive diagnosis of pregnancy could only be determined by the sounds of the fœtal heart.

To arrive at some certain sign, then, has been the constant study of many, but though many signs have been discovered none of them has been found invariably correct in all cases, unless this new one proposed by Hegar will bear the test of many investigations. Like the symptom of absence of menstruation, others, such as the discoloration around the nipples, the kyesteine in the urine and the slate or purplish color of the vagina have been found to be simply presumptive signs, since, unfortunately for the purposes of diagnosis, they are found in other conditions besides that of pregnancy.

Again, other methods that have been proposed are not practicable in general practice, such as the proposal to apply the principles of the telephone, so as to hear the feeble sounds of the fœtal heart earlier than can be done by the ordinary method.

Others have proposed methods which are too dangerous to follow, even if the certainty of the test be allowed, such as Gehrung's proposal to pass the sound into the uterus, to recognize thereby the sensation imparted to the instrument when it touches the fœtus; or Fry's discovery that the temperature of the cervix is one degree, or more, above that of the axilla during pregnancy. If this same variation were found to occur between the vagina and axilla it would be a useful sign, but, unfortunately, such is not the case. There is too much risk in passing anything to the cervix, however, to even put this sign to any great trial. The sign which has been offered by Hegar has, so far as my reading goes, proven of more value than any other, since all who have written upon it and have learned to recognize it are enthusiastic upon it.

Dr. Reiul, formerly assistant to Hegar, says in twenty-two cases it was missed but twice, and discovered as early as the fifth week.

Dr. Compes, assistant to Hegar, has reported six cases.

Dr. E. H. Grandin says: "I am inclined, from a limited experience, to consider it infallible." He reports eighteen cases. Dr. E. S. McKee reports two cases. In one, from the absence of this sign, he made a diagnosis, which time proved to be correct, that the patient was not pregnant, and in another he diagnosed pregnancy by the presence of this sign.

To these I have to add nine cases where I found this sign present and where I diagnosed pregnancy, and time has proven these diagnoses correct. In two of these pregnancy was not at all thought of, nor was this sign particularly sought after. This has made it, to me at least, a symptom of greater value, since often when one is looking for a peculiar sign or symptom, and has his suspicions aroused, imagination plays a great part.

Besides these, there were two others of great interest. One of them had gone two weeks over her time, and supposed herself, from that alone, to be pregnant. During my absence from the city she was taken with severe flooding when in the street. Finding me absent from the city, she sent for an allopathic physician, who checked the hemorrhage, and said that if she had been pregnant before, she certainly was not so after this hemorrhage. Upon my return home, a week later, she sent for me, and finding this sign of Hegar's present, I diagnosed from that alone that she was pregnant. In a week's time she had another severe hemorrhage, which was likewise stopped, and since then there has been no further trouble, and time has proven that she was pregnant.

In another case, a physician brought his wife to me for examination. She had passed her period but a few weeks. He said that he was sure that she could not be pregnant. I examined her, but could decide nothing. She had no symptom to go by except the absence of menstruation. I advised him to bring her to me again a few weeks later, which he did, and then informed me that he had passed the sound into the uterus since I had made the first examination, as both he and his wife were sure that she could not be pregnant, that a week had gone by, and that as yet she had no discharge. She had none of the usual signs of pregnancy. Her breast had not changed in color; she had no nausea nor any other symptom. Upon vaginal examination, I found Hegar's sign, and by it alone diagnosed pregnancy. Some weeks afterward she miscarried.

It is not necessary to go into the details of all the cases; it is sufficient to say that the diagnosis of all of them was made between the fifth and eighth week. Since it may have happened that the description of this sign has been overlooked by some, I have thought it well to describe it.

During the first few weeks of pregnancy all the change that occurs in the uterus, occurs in the body. From the hyperæmic condition of the uterine body due to the attachment of the impregnated ovum, it enlarges, and this enlargement is most marked in the antero-posterior diameter; furthermore, the density of the uterus becomes markedly decreased to the touch. As a result of these changes, the uterus loses its usual pear-shape; the outline of the body is no longer that of a gradual curve from the fundus, lessening gradually as it approaches the cervix; on the contrary, as Grandin expresses it, "the body bellies out over the cervix in all the transverse diameters, in particular antero-posteriorly, and the organ, instead of being pear-shaped, resembles very much an old-fashioned, fat-bellied jug."

Of course, to determine these changes in the uterus by the touch, requires more or less familiarity with the feeling, shape and size of the non-pregnant uterus, and also with the uterus when changed by disease.

The finger will generally note it best in the anterior cul de sac of the vagina, the sudden bulging out of the body around the cervix being most readily noticed there, from the normal anteversion of the uterus. The other hand being placed upon the abdomen and the uterus felt between the two hands, the softened resilient condition of the uterus will be felt, the slight sign suggestive of fluctuation. Of course, to be perfectly satisfactory, it is best to empty the bladder before attempting the examina-

tion.—*From Transactions of Pennsylvania Homœopathic Medical Society.*

Is Similia Similibus Curantur a Universal Law, and is it Reliable in Cases of Emergency?

C. H. LAWTON, M.D., WILMINGTON, DEL.

NINETY years have passed since Hahnemann first promulgated the truth of homœopathic law; since that time we, as a profession, have made rapid strides in almost every department of medical science. Our hospitals and colleges and dispensaries are scattered all over this broad continent; our literature abounding in original thought and scientific research is read by thousands of physicians of both hemispheres, but this truth, the very corner-stone of homœopathy, is to-day with a large majority of homœopathic physicians practically in a state of chronic paralysis.

It is deeply to be regretted that there can be found at this late day the shadow of an excuse for discussing a question which should have been settled (and settled forever more than half a century ago); but when physicians professing homœopathy practically ignore it at the bedside, when men eminent in the profession, whose opinions are accepted as authority, advocate the use of palliative treatment in cases of emergency, is it not time we go back to first principles, and ask ourselves, and each other the question: Is Similia Similibus Curantur a universal law? Is it equal to any and every emergency? And if it is, are we not culpable when we sing the song of the siren in the ears of our patients, and lull them into *unconsciousness* by administering a hypodermic injection of morphia? We say unconsciousness, for it is not sleep any more than it is sleep when a man has been knocked into insensibility.

On May 19, 1780, known as the dark day in New England, the Connecticut Legislature being in session, so great was the darkness that members became very much alarmed and thought the day of judgment had come; a motion was made to adjourn. At this one of the members arose and said: "Mr. Speaker, it is either the day of judgment or it is not. If it is not, there is no need of adjourning; if it is, I desire to be found doing my duty. I move that candles be brought and that we proceed to business."

We wish to say in this connection, using the same phraseology as the Connecticut gentleman, that this is either a universal law and of divine origin, or it is not; if it is not, then all this talk about homœopathy is an empty farce; if it is, then it is perfect, immutable, eternal.

A distinguished contemporary once said while addressing a body of homœopathic physicians: "Homœopathy is a method, and it is the method of Hahnemann." If this were all, well might we tremble when we stand by the bedside of the sick and dying with no law to guide, no chart to direct our course.

Again he says: "*It is our supreme* duty to do what we judge best for our patients irrespective of any creed or system." This may be true in part, but it is a dangerous doctrine to advocate without qualification. So long as we work in accordance with law it is all right, but if we go outside of law, it is all wrong.

What would you think of the mariner who, in the face of a storm, threw away his chart and compass, saying: "These things will do very well in fair weather, but now I must use my judgment; I must do the very best I can for that which is intrusted to my care"? You will say: that man is not a responsible being, and his judgment is not to be trusted. But we do this very thing when we put our judgment in opposition to the law of similia.

I might quote from eminent allopathic as well as homœopathic authorities facts and incidents showing their belief in the universality of this principle; but I will not take up too much of your time relating individual experiences; we all have them.

Allopathic physicians sometimes unwittingly practice homœopathy; and when they *cure* their patients, *always*. Send for an allopathic physician to treat a frozen limb. What does he

do—plunge it into a hot bath? No! This would be fatal; he applies cold to cold, and cures his patient according to the law Similia Similibus Curantur. Send for him in case of a bad burn, and what does he do—plunge the parts into cold water? No! This would be bad practice; he makes applications that are heating in their nature, and cures by the same law. And so through the whole category; heat to heat, cold to cold, emetics for sick stomach, counter irritants for inflammation, and recently they have discovered that "Ipecac will cure inflammatory diarrhœa where there is bloody mucus—a condition that it is often known to produce."

Later still, M. Pasteur, in his investigations, has discovered (?) that he is able to cure hydrophobia by injections of the same poison that causes the disease. Although in the light of homœopathic law this cannot be looked upon as a discovery, the value of these experiments cannot be over-estimated. He has pushed his investigations and researches to a successful issue, and has had the energy, and courage, and faith, to apply the results to the treatment and cure of this terrible disease. For this he deserves the gratitude of the whole civilized world, and will be remembered as a benefactor of his race. In speaking of his method of experimenting, he says: "I first take the poison from the brain of a mad dog; with this I vaccinate a rabbit, which will die within fourteen days; and this gives me the poison for a second rabbit which is vaccinated in the same way. I continue this practice until I have reached the twentieth or twenty-fifth. From these up to the fiftieth the rabbit will die in eight days, and after the fiftieth the animal will become mad within seven days."

These experiments demonstrate three principles: *First*, the truth of homœopathic law. The *second* he claims for himself. He says: "This procedure enables me to determine the most important feature of the treatment, viz., the duration of the period of incubation." *Third*, it proves that the farther we remove our remedies from the crude material, the nearer we approach a point where force is developed, and consequently obtain a more prompt and energetic action.

All who have used the potentized remedies give their united testimony to the fact that they act more promptly than the tinctures or low attenuations, but the writer, we believe, was the first to offer a scientific explanation of this phenomenon. (Transactions American Institute, 1880, p. 217, and later in our article on "Therapeutic Force," *North American Journal of Homœopathy*, Feb., 1881.)

We have said that allopathists practice homœopathy; true, but with this difference: their cures are founded on experiment, and every new cure is to them a new discovery; while we have a law, that, if faithfully adhered to, is an infallible guide. We may be made sick at one time by the same diet that at another time will cure.

A case from practice: An infant three months old had had colic from its birth; the usual remedies had all been exhausted. One day, while talking with the mother about her habits, we asked if she had a craving for any particular article of diet. She said: "Yes, I would give the world for a good mess of cabbage, but I don't dare to eat it on account of the baby." Here, we said, is the homœopathic remedy; cabbage will cause colic in a healthy babe; it should cure it in one that has it; besides there is evidently a demand in the system (that of the mother) for some element of nutrition contained in the cabbage. We said: "Madam, you may eat all the cabbage you want, and we will take care of the baby." She ate the cabbage, and the baby was cured without any further medication.

A case from observation illustrating the fact that the operation of this law is not confined to the treatment of physical ailments, but is adapted to abnormal mental conditions as well. A lad, the son of a friend, fancied he could have things more to his liking if he should leave home; following out this idea, he one day informed his mother that, if he could not be better suited at home, he would run away. His mother said: "My son, you need never run away; whenever you want to leave home let me

know, and I will pack your clothes." The boy was cured, and cured according to the law of Similia.

A gentleman came to me to get medicine for malaria. After prescribing for him, he said: "Doctor, I 'm in a bad fix; it is important that I should go down country to-morrow to attend to some business, but it is in a malarial district, and I am afraid to go." I said: "I think you can go with safety; and more than that, I think it will do you good." He looked at me a moment, as though he doubted my sanity; then, seeing I was in earnest, said: "I will go." He went; staid a week, and came back well—cured homœopathically.

There is probably not a homœopathic physician living who does not believe in this law to a greater or less extent. We, therefore, have the aggregate testimony of thousands to prove its existence; but many practice homœopathy in the same way that some professing Christians live their religion. They believe in Christianity; they think they have been converted; they go to the house of God, and hear the gospel preached every Sunday; but they do not put their religion to practical test in every-day life. So it is with these half-and-half homœopaths. They have graduated at a reputable college, they attend all the society meetings, and think they are pretty good homœopaths, but they fail to make homœopathy their sheet anchor in every-day practice, and in an emergency are ready to "strike colors" and "sell their birthright for a mess of pottage."

This brings us to the second division of our subject, viz: Is this law reliable, and is it equal to any and every emergency?

To a purely logical mind this proposition would be self-evident. We would say: this law is reliable because it *is* a law; and a law because it is reliable. When we have discovered a fixed principle, it matters not to what department of this universe we turn our attention; so long as we act in conformity with that principle, we can make mistakes only through an imperfect knowledge in applying it.

God never made an imperfect law, or one that was inconsistent with itself. It matters not whether it is the falling of an apple or a descending snow-flake; whether Niagara voicing in thunder tones nature's grandest oratorio, or a dew-drop trembling on a tiny blade of grass; the operation of the law of gravitation shows the same uniformity in all its manifestations. So, as we have seen with our law Similia Similibus Curantur, it matters not whether we prescribe medicine, or establish rules of diet, or utilize hydropathy, or recommend atmospheric changes; with the same beauty and harmony this law prevails through all these operations.

A case from practice: Mrs. A——, aged 30 years, gave birth to a still-born infant. The history of the case showed that it had been dead several weeks. Labor was natural, progressed favorably; in a short time she was delivered without any serious complications, and had it not been for an appearance of exhaustion and a general relaxation of the muscular fibre I would have felt very comfortable. Suddenly the patient, summoning us to the bedside, said: "Doctor, won't you call mother to put something more under me? I am flooding so that I am afraid it will go through the bed on the floor." "Is it so bad as that?" we asked. She said, "Yes; it seems as though it was pouring from me in jets." There was an anxious expression of the face, which was also very pale; fingers cold; pulse quick and small; respiration slow and feeble. I took it all in at a glance. I had a case of post partum hemorrhage and collapse. This was an emergency, gentlemen, but homœopathy was equal to it; we felt sure of our remedy, it was well indicated, and we immediately gave a dose of Ipecac 30th dry on the tongue and called for water. We then grasped the uterus and endeavored to excite contraction. In the meantime water had been brought, into which we put a suitable quantity of the same remedy. As soon as this was dissolved we gave a second dose, still continuing the manipulations. In a few minutes she said, "Doctor, I am better." The flow was rapidly decreasing and in ten minutes was no more than normal. We waited half an hour and, as there seemed to be no disposition to a return of the hemorrhage, was preparing to leave, when she said, "Doctor

I *must* change my position; I 'm all cramped up." In that case, we said, you had better be moved before we go. She was moved (only about an inch), but it brought on a return of the hemorrhage almost as bad as at first. This time we did nothing but give the medicine; one dose of the 30th in water, and in a short time it was perfectly controlled. We are aware, gentlemen, that while we, who have tested over and over again the efficacy of our potentized remedies, can accept this report without qualification, there are those who will be slow to believe. Not that they would accuse us of telling an untruth, but they would think our zeal for the cause had led us into error.

But this was not an isolated case, although the worst, it was by no means our first experience; had it been we might well have paled before the awful responsibility that was thrust upon us.

With your permission we will cite one more case: Mrs. B——, twenty-four years of age; anemic; condition characterized by great prostration. She had been an invalid for a long time. At the time of which we are about to speak we were visiting her daily. One night she was taken with profuse hemorrhage, but (as she afterward said to us) "as it was just time for my monthly sickness I did not feel alarmed, and knowing you would be here the first thing in the morning, did not think it would be worth while to send for you in the night." We were called, however, very early in the morning; found her completely exhausted from loss of blood, and still bleeding profusely. In this case we depended entirely on the homœopathic remedy. Ipecac was indicated, and we gave it in the 30th potency; in fifteen minutes from the time we entered the house the hemorrhage was controlled, and in half an hour we left her comparatively comfortable.

Just here we will take the liberty to turn aside and make a few remarks on *the size of the dose.* These quick results cannot reasonably be expected from medicines given in any other than the potentized form. There is as much difference between the operation of a drug potanized, and a drug in its crude state, or in the low attenuations, as there is between a message sent by mail and a communication made by telephone. One may be just as reliable as the other, if we have the time to wait; but suppose a patient is dying at the other end of the line; we would make the quickest time possible. We know that medicine given homœopathically produces at first a temporary aggravation, and relieves by the secondary effect or reaction; this all will admit. Now the *larger* the dose the *greater* and more severe will be the aggravation; it will, therefore, be comparatively longer before we get the reaction; and when we speak of a large dose of medicine given homœopathically we are not thinking of teaspoonfuls, or even drop doses, but of the relative number of molecules in a given dose.

As we have said before, the farther we carry our medicines from the crude material the more nearly we approach a point where force is developed. This force *must be developed somewhere.* Anything taken into the stomach in its crude state, whether nutritive or medicinal, is a foreign body, until separated by digestion into nutritious and innutritious elements, if food; or, if medicine, into medicinal or non-medicinal elements, and thus prepared for assimilation.

Again, if medicine be given in its crude state, this principle must be developed before we get the primary effect of the drug, or in other words, *before we get the homœopathic aggravation.* We are not only losing valuable time, but we are putting extra work on an already overtaxed vital organism, and in addition to this we have provoked an unnecessary, and perhaps fatal aggravation.

Suppose, now, we give a potentized remedy, or one in which the active principle has been already developed by trituration of succession, what will be the gain?

First.—There will be no loss of time.

Second.—There will be no unnecessary ex penditure of vital force.

Third.—There will be the least possible aggravation.

Fourth.—Reaction and prompt relief will follow almost immediately.

This is no cunningly devised fable, but as we

believe, it is one of the grandest truths ever vouchsafed to suffering humanity.

To the physician who will adopt it as his rule and guide in practice, it will be a strength and shield and an exceeding great reward; to the suffering it is the angel of hope, than whom there is no surer earthly friend; it has borne the test of experience and come out pure gold. Hahnemann, Gross, Bœnninghausen, Dunham, Hering and Guernsey have died in the faith, and they touched the highest point in all their greatness when they made the successful application of this principle to the law of Similia. But they have left a rich legacy in trust to those who remain. Dare we accept it? "To do is to succeed—our fight is waged in Heaven's approving sight—the smile of God is victory!"

One more question: Are we not culpable if we ignore, or neglect, or refuse to investigate this great truth? Let our own souls bear witness.—*Medical Advance.*

*Treatment of Organic Stricture of the Urethra by Electrolysis.**

EDWARD S. SMITH, '88.

IT has been said of the great surgeon, John Hunter, that it was "his aim in his practice, even if he could not dispense with the necessity, at least diminish the severity of operations, which he considered were an acknowledgment of the imperfection of the art of healing, and compared to the 'acts of an armed savage, who attempts to get that by force which a civilized man would get by stratagem.'"

While it is far from my purpose to compare some of the triumphs of modern surgery to the "acts of a savage," I believe it may be questioned whether we are not sometimes over-ready to use the knife, when milder measures would be just as efficient and less dangerous.

The removal of an organic stricture of the urethra may appear to the tyro to be a very simple affair; an operation whose limits are easily compassed. But when one considers the structures with which he has to deal, and the relation which they bear to other organs and tissues, the careful surgeon may well hesitate before attempting an operation which, under some conditions, is likely to cost the patient his life.

The extreme vascularity of the structures immediatly surrounding the stricture suggests the danger of hemorrhage, and one extremely difficult to control. Or a febrile condition may be developed which will carry off the patient. Extravasation of urine may take place; a complication by no means pleasant to contemplate.

In the treatment of organic stricture of the urethra, dilatation, cauterization, or the more radical methods of external and internal urethrotomy all have, or have had, their advocates.

But a stricture that has been dilated may again contract, and present a renewal of the symptoms, similar in kind if not in degree.

Of escharotics, Sir Henry Thompson says that "their use is by no means free from painful and even dangerous results, such as violent spasm, retension and even fever." He adds that their action "is liable to be followed by increased induration, and the formation of fresh contractile tissue." *

The same eminent authority avers that after internal urethrotomy "the stricture sometimes shows a tendency to return."

Of external urethrotomy, seldom resorted to, and always to be avoided, if possible, I shall say nothing.

It is as a substitute for these methods in the treatment of the majority of cases of organic stricture that the employment of electrolysis is urged.

This mode of treating strictures has met with various results in the hands of different operators. Dr. Robert Newman, in November, 1885, told "of one hundred cases which remained under observation for periods ranging from three and a half to eleven years without relapse having occurred up to the present time, which were dismissed as cured."

He adds that his "report of the second hundred cases is nearly ready, showing similar results."

* Read before the Hahnemannian Society.

* Holmes' Surgery, p. 799.

On the other hand, an eminent specialist in electricity declared to me that his success in this department was but indifferent.

Why should there be such a disparity in the results obtained?

This question has been best answered by Dr. Newman, who has classed the causes of failure thus: "1. The operator himself. 2. Wrong diagnosis. 3. Faulty instruments."

The operator, he affirms, should be skilled in urethral surgery, and should have a thorough and practical knowledge of the application of electricity to this condition.

In regard to faulty diagnosis, the old recipe for cooking hare comes to mind—viz., "First catch your hare."

So the authority already quoted would have us be sure at the outset that it is an organic stricture with which we are dealing, and not something else.

Of instruments, the requisites are a galvanic battery, a set of olive-tipped electrodes, insulated except at the tip; an assortment of urethral bougies, sponge-covered electrodes, connecting cords and tunneled electrodes.

The stricture having been sounded, and its size and location determined, an olive-tipped electrode of a size that will engage the stricture is immersed in glycerine, and then introduced, being held gently but firmly against the obstruction. To this the negative pole is attached. The circuit is completed by means of the positive pole, which is applied to the thigh or hand of the patient through a sponge-covered electrode.

After the lapse of a week or ten days a larger electrode is introduced and the process repeated several times until the stricture is removed.

No anæsthetic is required as violence is avoided, and no pain caused. The strength of the current is to be determined by the sensations of the patient. Generally six cells are sufficient. But one electrode is introduced at each application of the current, and should never be followed with a sound. Dependence should be placed upon the current alone, never resorting to violent pushing of the electrode. One stricture, only, should be treated at each *séance*.

It has been urged, and not without reason, that electrolysis has failed to remove strictures in the anterior portion of the canal. As far as I am aware, Dr. Newman is the first to explain the cause of this failure. He asserts that when syphilis complicates the case the application of electrolysis will only cause an increased induration at the affected point, unless internal treatment for the venereal poison be also given. By combining the two he has succeeded in curing even these hitherto obstinate cases.

In the employment of "the mysterious force" in this condition the novice should be cautioned against giving strong currents.

"Have you given electricity a trial for your complaint, madam?" asked a visitor as he took tea with the old lady. "Electricity?" said she; "well, yes; I reckon I has. I was struck by lightening last summer and hove out of the window, but it did n't seem to do me no sort of good." It is the avoidance of such heroic doses that I would advocate in treating stricture.

In determining the advantages of this agent for the cure of urethral contractions we should remember that:

1. It disintegrates the new-formed tissue, thus preventing the possibility of a return of the trouble.

2. When the galvanic current is properly administered there need be no danger of hemorrhage.

3. If neither force nor haste is displayed fever will not follow.

In short, the effect of electrolysis, together with the proper homœopathic remedies, is to free the urethra of all tissue obstruction, and leave the canal normal in size and, as nearly as possible, normal in condition.

The End of '87.

AGAIN another course of lectures has come to a conclusion. The whole number of lectures given and clinics held is 930, with 256 hours of Laboratory work in urinary analysis, microscopy and urinary sediments, conducted

by Drs. White, Porter and Lawrence. When we look upon this formidable array of numbers we feel thankful that we have finished our course for this season, and look forward to a few months of well-merited rest and recuperation. The professors, although busy practitioners, have, with very few unavoidable exceptions, done their duty most faithfully, and have even given many extra quizzes and clinics which were not on the schedule.

Below we print a complete list, giving each professor's name, and opposite the number of lectures delivered and clinics held:

Materia Medica, Professor Allen	40
" " Professor Moffat	41
Diseases of Heart and Lungs, Professor Dowling	40
Clinics in Physical Diagnosis, " "	11
Ophthalmology, Professor Liebold	7
" Professor Norton	13
Gynæcology, Professor McDonald	40
Surgery, Professor Helmuth	36
Surgical Clinics, Professor Helmuth	20
Medical Jurisprudence, Professor Lyon	22
Anatomy, Professor Doughty	39
" Professor Blackman	49
Genito-urinary Clinics, Professor Doughty	22
Practice, Professor Smith	51
Quizzes in Practice, Professor Smith	7
Chemistry, Professor Leal	78
Obstetrics, Professor Danforth	64
Pædology, Profeasor Deschere	36
Otology, Professor Houghton	12
Dermatology, Professor Arcularius	14
Histology, Professor Dowling, Jr	43
Pathology, Professor White	41
Laryngology, Professor Beebe	13
Hygiene, Professor Wright	8
Physiology, Professor McDowell	85
Mental Diseases, Professor Talcott	19
Diseases of the Kidney, Professor Dillow	22
Orthopædic Surgery, Professor Wilcox	5
Demonstrations upon Cadaver, Professor Wilcox	23
Toxicology, Professor Shelton	9
Pharmaceutics, Professor Shelton	6
Electricity, Professor O'Connor	6
Urinary Analysis, Professor Porter	8

BELOW we print a specimen of the oral examination a student of our college had to pass before the professor, and also the written which was given to the entire class. Comment is unnecessary:

ORAL.

1. What are the branches of the abdominal aorta?
2. What are the branches of the lumbar plexus?
3. What nerves supply the knee-joint? the small finger? great toe?
4. What is the relation of the median nerve to the brachial artery?
5. What is the course of the median nerve? of the ulnar nerve?
6. What is the relation of the external iliac vein to the external iliac artery? of the femoral vein to the femoral artery?
7. What are the pleuræ?
8. Where is the pancreas? Liver?
9. What are the bile ducts? What do they empty into and where?
10. Where is the apex of the heart?

WRITTEN

1. Describe the Nasal fossa.
2. Describe the bony walls of the thorax, and give their relations to the organs contained within the cavity.
3. Describe the ligaments pertaining to the clavicle and the joints the bone assists in forming.
4. What are the attachments of the ligaments of the pelvis?
5. Describe the muscles which displace the shoulder in fracture of the middle third of the clavicle.
6. Give the origin and insertion of the muscles which bound the popliteal space.
7. Describe the femoral artery; its course, relations, and name its branches and where they arise.
8. Describe the arch of the aorta; and mention the structures in relation with it and their position.
9. Describe the inferior vena cava; its position, relations and branches.
10. Name, and give location of the sinuses of the dura mater.
11. Describe the 3d ventricle of the brain.
12. Describe Meckel's ganglion; its location, roots and branches.
13. Describe the intestinal tract from pylorus to anus; its divisions, in their order and their location and its glandular structure.

Paste This in Your Hat.

"I KNOW a doctor who was called from his bed at two o'clock one night, to go and see a child that proved to have a severe attack of infantile bronchitis. When he reached the house this is the story that the mother told:

"'Doctor,' said she, 'we are strangers in Chicago, and when baby was taken sick we

did n't know whom to send for. My husband went around to the drug store and asked them to call any good homœopathic doctor for us, and the druggist said he would do so. It was twelve o'clock before the doctor came. After examining the child he gave it a teaspoonful of a dark mixture that tasted very bad, and the baby had no sooner taken it than it threw it off its stomach. I said, "Why, doctor, you are not a homœopath, are you?" "No," he replied, "but that does n't matter—I understand both methods, and know how to use homœopathic medicines." Then he said he would leave some Laudanum for the baby—that was the only medicine that would do it any good. As soon as he had gone I threw the Laudanum into the grate. My father was a doctor, and I learned from him that it was dangerous to give Laudanum to a child with its lungs all stuffed up. Then my husband went to the house of a gentleman with whom he is acquainted and asked to be directed to a *homœopathic* doctor, and he recommended you.'

"This doctor carried the child through a critical attack of capillary bronchitis. 'And I want to know,' said he, 'how that mother would have obtained for her child the kind of treatment she desired it to receive—the kind of treatment on which it had been raised from infancy—if there was no such thing as a *homœopathic* doctor? If we should drop the name—as the mugwumps of our profession desire us to—how would people know whether they were sending for a man who would drug a little child to death, or one who would carry it through its illness by the safe and mild methods of Hahnemann? This mother knew—if the allopathic doctor did not—that a child whose respiratory powers are already impaired might be easily asphyxiated by a dose of Opium, and she had sense enough not to be made the victim of the druggist and the drugger.'

"'For my part,' said the doctor, 'I am not ashamed of the name, and I shall be a homœopathic doctor as long as I live, if I can find one other fellow to keep me company. If the other fellow should die first, I would be content to remain the only homœopathic doctor in the world until my time came, and then when I crossed to the Golden Shore the first gentleman I would inquire for would be Samuel Hahnemann.'"—*Era*.

College Notes.

WHO was happier than Benedix?

WERE you plucked in Medical Jurisprudence?

VACATION, that joyful word, now soundeth in our ears!

"WHAT are censors for, anyhow?" Ask Adams and Jenkins.

WHICH knew less of consecutive nephritis, Montgomery or the Doctor?

HOUGHTON AND JENKINS took a trip to Washington after the examination.

ONE censor, in "boning" up for the quiz, forgot to study the pterygoid bone.

FEW things are slower than Justice—the committee on Hahnemannian invitations is one.

OH! who will whoop up the songs when Adams is far away? Some other man, doubtless.

THEY say that some of the Faculty and one of the censors passed an excellent quiz on the "Sanatorium."

THESE are the days when the senior returns his locker-key to Frank, gets the fifty cents and hies him to the circus.

THE only refreshment Birdsall took in an examination lasting from 10 A. M. to 7 P. M., was five drops of China.

SEVERAL '87 men have been taking competitive examinations for the various Hospital positions in and about the city.

THE Class of '87 feel greatly indebted to Professor Smith for his extra efforts in getting them out to the quizzes before the final.

WE always thought '87 was a nifty class, but when we hear that one member took his quiz in the Hoffman House, our opinion is confirmed.

GOOD SENIOR (viewing the chaos in the amphitheater): Now I think that's a grave mistake.

Bad Senior: It really does lack symmetry.

WHEN the honor roll is read, look out for surprises, as some of the boys have been getting a "cold hundred" in everything, so they say.

TWO of the middle-men requested Professor Doughty to extend his "familiar talk" through two lectures—bet you 'll hear of a wedding soon.

DRS. HUGH M. SMITH, '76, and E. Chapin, '78, have been appointed members of the visiting staff of the Homœopathic Hospital in Brooklyn, N. Y.

"I 'VE crossed off Ophthalmology," said the secretary; "what *more* shall I leave out?" "Wetmore," said the Senior, as he quickly slid down the stairs.

ONE of the Associate Editors was found stone dead in the sanctum the other day, with his cold hand tightly grasping the cause of death—89's class supper poems.

SENIOR: Why, Allen! out of Pathology examination so soon? Must have been easy.

A——: Easy enough for *me*—other fellows 'll be in there an hour or two yet.

"WHAT is a stimulant?" Some of the Faculty must have found life weary towards the close of the term, when a third bench man suddenly developed a mania for "speaking out in meeting."

MARRIED.—On Saturday, April 9, 1887, W. A. Wakeley, '88, and Miss Fannie B. Easton, both of Levana, N. Y. The Class of '88 sends hearty congratulations and best wishes to the happy pair.

PROF. GEORGE S. NORTON'S closing speech was, like all of his lectures, a rare treat. He has given a thoroughly practical course, and has clearly shown that he possesses all the qualifications of an excellent teacher.

WE understand that the class which came up in anatomy this year was the best prepared class that has ever taken the examination. Lest any class should be jealous, we hasten to add that this little remark is made with reference to each class.

THE Class of '82 will have a reunion on the day of the commencement exercises. They will meet in the College Amphitheatre at 12 o'clock on April 14th. The Class of '77 will meet at the college on April 14th, after the commencement exercises in the amphitheatre of the college, previous to the banquet at Delmonico's.

WE hear that the censors examination rattled some of the boys pretty badly. One prominent member of '87, after a hard wrestle with one of the censors, came out looking as if he had seen his grandmother's ghost. He immediately turned to another fellow and said: "Say, what is the difference between direct and indirect inguinal hernia?"

DRS. C. H. HELFRICH, '84, E. J. Pratt, '81, A. H. Hart, '84, C. O. Norton, '85, and H. H. Crippen have successfully passed the examinations in the College of the Ophthalmic Hospital. They not only can "*sport*" an M.D. to their name, but also "O. et A. Chir," which some of the members of our present graduating class would do well to remember, as a physician who passes these examinations will surely have a good knowledge of the diseases of the eye and ear, which can hardly be acquired unless attending the clinics and lectures furnished by an institution like the Ophthalmic Hospital.

NEW YORK, March 31st.

Editor of THE CHIRONIAN:

THE students of the New York Homœopathic Medical College, as a rule, are very chivalrous to the gentler sex, and it is with regret that I learn that the following ladies have been misunderstood and ill-used by some of the Seniors of my *Alma Mater*. Their modesty prevented their spelling out their names, so I write them just as they sounded to me: Agnes Castus, Belle Donna, Ella Terium, Lilly Umtig, Millie Folium and Viola Tricolor. Miss Mattie Medica, where the young ladies board, says that the Seniors in question are not *study* young men, and she "do n't see how in the world any faculty ever let them *gine a colegy*."

COMMUNICATED.